


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 17 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L 00000008854**

1. Limited Liability Company's Name
Alyani LLC

2. Principal Office Address 8525 SW 97 Street		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite B-4		Suite, Apt. #, etc.	
City & State Miami Fla		City & State	
Zip 33154	Country Dade	Zip	Country

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 7-26-2000	
6. FEI Number 05-1026558	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>25.00 Addtional fee required for Certificate of Status.</small>	

8. Name and Address of Current Registered Agent	
Name Manuel J. Bacallao MD	
Street Address (P.O. Box Number is Not Acceptable) 7522 SW 135 Place	
Suite, Apt. #, Etc. Mi.	
City Miami Fla	State FL
Zip Code 33183	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent *[Signature]* Date **5/8/06**
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	Manuel J Bacallao	7522 SW 135 Place	Miami Fla 33183
MGRM	Desaly Montilla Gonzalez	11731 SW 95 Terrace	Miami Fla 33174
MGRM	Ana Fernandez Martin	16705 SW 88 Ave	Miami Fla 33176

REINSTATEMENT **04-06**
[Signature]

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* Date **5/8/06** Daytime Phone # **305 279 7446**
 Typed or printed name of signing Managing Member/Manager _____